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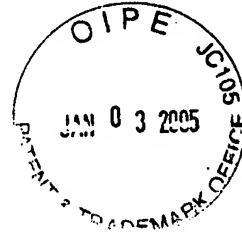
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10/05/2004

KENYON & KENYON
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Certificate of Mailing or Transmission

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<i>Lawrie Sifer</i>	(Depositor's name)
<i>Lawrie Sifer</i>	(Signature)
12/29/04	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/088,270	07/17/2002	Joerg Sutter	10191/2266	8811

TITLE OF INVENTION: ELECTRONICALLY SWITCHABLE MOTOR WITH OVERLOAD PROTECTION 01/04/2005 BABRAHAZ 00000052 110600 10088270
01 FC:1501 1400.00 DA

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1370 1400	\$0	\$1370 1400	01/05/2005
EXAMINER	ART UNIT	CLASS-SUBCLASS			

RO, BENTSU

2837

318-254000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

2. For printing on the patent front page, list

- Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
 - "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.
- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 _____

2 Kenyon & Kenyon

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Robert Bosch GmbH

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Stuttgart, Federal Rep. of Germany

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

- Issue Fee
- Publication Fee (No small entity discount permitted)
- Advance Order - # of Copies _____

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The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 11-0600 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature 

Typed or printed name Richard L. Mayer

Date 12/29/04

Registration No. 22,490

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